Seagrave Healthcare Ltd

The OAD Clinic

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

Our rating of this location stayed the same. We rated it as good because:

- Feedback from clients we spoke with was full of praise for the staff at the service. Clients felt listened to, and appropriately supported and said that the service was very flexible in meeting their needs.
- Staff managed clients' risks safely and effectively. Staff carried out appropriate physical health checks on clients. Client records addressed potential safeguarding risks and the risk of early exit from the treatment programme.
- Significant work had been undertaken to reduce the prescriptions of patients who had previously been on very high doses. Medical staff followed best practice guidance when prescribing medicines for clients.
- Staff provided appropriate care and treatment interventions suitable for clients' recovery. Interventions addressed reducing harmful or risky behaviours associated with the misuse of drugs, optimising personal physical and mental wellbeing, and achieving personal goals.
- The staff team was very motivated, appropriately knowledgeable, and qualified. Staff were supported by managers and reported being able to speak up and contribute to the development of the service. They received regular supervision and had opportunities for professional development.
- The service environment was clean, well maintained, comfortably furnished and welcoming, with appropriate equipment in place.
- The introduction of quality dashboards for managers to monitor performance within the service was very positive in ensuring a high quality of care for clients.
- The introduction of the role of medical secretaries was having a positive impact on the service, allowing care coordinators more time on clinical work such as client contact and care planning.

However:

- Arrangements were not formalised for reviewing the limits of the service's threshold for managing clients with complex needs. However, we did not find any clients with needs that the service could not support.
- There was no clear protocol in place for looking at possible learning following the deaths of patients using the service.
- Induction training for new staff and the content of weekly team meetings was not recorded at the time of the inspection.
- Some older clients found it challenging to manage the stairs at the service, although they said that they were supported to do so.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Substance misuse services	Good 	See above summary

Summary of findings

Contents

Summary of this inspection

Background to The OAD Clinic

The OAD Clinic provides a community-based drug and alcohol recovery service, attention deficit and hyperactivity disorder assessment and treatment, and low-level mental health support. The provider took over the service in July 2016. The service provides clinical treatment to clients based throughout the UK. The service provides a range of treatments that include opiate substitute prescribing, including injectible medicines, either as maintenance or as part of a gradual reduction programme leading to abstinence. The service also provides alcohol relapse prevention. The service does not provide community-based detoxification services, but they advise patients of other services available to meet their needs if required. The service offers one-to-one support, and online appointments for patients to discuss progress with their treatment and to check on their wellbeing.

The service had a caseload of 222 clients at the time of inspection. Clients were self-funded but the service could accept referrals from the NHS. The service had a registered manager in place (the medical director) and was registered with the Care Quality Commission (CQC) since July 2016. The service is registered by the CQC to provide treatment of disease, disorder or injury, surgical procedures, and diagnostic and screening procedures.

At the previous inspection in 2019 the service was rated good in all areas.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

• Is it safe? • Is it effective? • Is it caring? • Is it responsive to people's needs? • Is it well-led?

Before the inspection visit, we reviewed information that we held about the location. During the inspection visit, the inspection team:

• visited the clinic, looked at the quality of the environment and observed staff interactions with clients

• attended the daily staff briefing meeting

• spoke with the medical director, service manager (and non-medical prescriber), and business development manager

• spoke with 4 other staff members including 2 care coordinators and 2 medical secretaries

• looked at 10 care and treatment records of clients

• carried out a specific check of the medication management

• looked at 4 staff recruitment and supervision records

• looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this inspection

Following the inspection we spoke with 9 clients who had used the service.

The team that inspected the service comprised of two CQC inspectors, and a specialist advisor nurse with relevant experience in community substance misuse services.

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

What people who use the service say

Clients were highly complementary about the service, and the staff that supported them. They said that they felt supported, informed, and involved with their treatment decisions and care planning. They had all discussed their plan of care with the team and were happy with it. They said that staff encouraged them and supported them to reduce their prescriptions of opioids, and staff provided good information about side effects to expect with different medicines and treatment. They also noted that staff took serious notice of any side effects that were impacting negatively on their lives, looking at alternative medicines where possible. Most clients did not want a copy of their care plan as not all clients shared details of their addiction with their family members.

Clients told us that they could contact their care coordinators by phone or email when needed during office hours and knew which agencies they could contact outside of office hours. They noted that care coordinators were very flexible in supporting them, for example one person appreciated how their care coordinator had sent them a message of encouragement at a weekend, which had made a huge difference to them. Another client spoke highly of the support they received from the service to cope with anxiety.

Clients described effective handovers of information when they transferred to the care of alternative services. They also described good support with legal matters, and the practicalities of moving address without a break in prescriptions.

Some older clients noted that it could be difficult accessing the service due to the lack of step free access but noted that they managed to do so with staff support.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

- The service should formalise arrangements to review the threshold for complexity of client needs that the service can safely manage.
- The service should have a clear protocol for looking at possible learning following the deaths of patients using the service.

Summary of this inspection

- The service should ensure that records are kept of induction training provided to staff and the content of weekly team meetings is recorded.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Substance misuse services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Substance misuse services

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Is the service safe?

Good

Our rating of safe stayed the same. We rated it as good.

Safe and clean environment

All premises where clients received care were safe, clean, well equipped, well furnished, well maintained and fit for purpose.

Staff undertook monthly risk assessments of the care environment. Staff recorded and reported on any areas which required attention and ensured these were addressed promptly. Staff carried personal panic alarms and had access to land line telephones as well as mobile phones to call emergency services.

All areas were clean, well maintained, well-furnished and fit for purpose. The service used an external agency to provide cleaning staff and their work was overseen by the service manager. The premises were visibly clean at the time of the inspection. Staff adhered to infection control principles, including handwashing and wearing appropriate personal protective equipment. Staff disposed of sharps appropriately. Removal of clinical waste was collected by an external contractor. The service had a blood spillage fluid kit.

The clinic room had the necessary equipment for clients to have thorough physical examinations. It contained equipment including an examination couch, scales and height measuring equipment. Staff completed monthly environmental and medical device audits, buying new equipment when required. This included ensuring the general environment and medical devices were clean, and well maintained. The audit also included a check on the safe storage of cleaning detergents.

A ligature risk assessment had been completed for the service in May 2023, but at the time of the inspection there were no ligature cutters on site. Following our feedback, the service purchased ligature cutters, shortly after the inspection.

A fire risk assessment had been carried out for the clinic. The risk assessment identified the key risks of fire to the service. A fire drill was undertaken during the week of the inspection, ensuring that all staff, clients, and visitors were evacuated safely. Fire detection equipment, fire doors, and extinguishers were serviced regularly, and weekly fire alarm testing was being carried out.

There was CCTV in the waiting room and corridors with a notice advising visitors that this was in place.

Safe staffing

The service had enough staff, who knew the clients and received basic training to keep them safe from avoidable harm. The number of clients on the caseload of the teams, and of individual members of staff, was not too high to prevent staff from giving each client the time they needed.

The service had recently recruited to some vacancies in the staff team. Key staff included the medical director, a senior mental health nurse non-medical prescriber (who was also the service manager), a business development manager, three care coordinators, and two medical secretaries. There was no use of bank or agency staff within the service.

In addition to the medical director who was a consultant psychiatrist, the service had input from a consultant anaesthetist, and other consultant psychiatrists when needed. The service could get support from a psychiatrist quickly when they needed to.

The service had enough staff to meet the needs of the client group and could manage any unforeseen shortages in staff. Staff confirmed that managers made sure they had a full induction and understood the service before working with clients.

Staff reported that they had manageable caseloads. Care coordinators had caseloads of between 66-81 clients. Care coordinators' roles included undertaking telephone triage assessments, maintaining monthly contact with patients through telephone and email contact as well as key working sessions. Care coordinators were also responsible for undertaking urine drug screening and advised clients on harm reduction. Medical secretaries' roles included booking appointments for clients, sending correspondence to GPs and other services.

The service had arrangements in place for annual leave and sickness. Medical practitioners ensured clients were booked around their annual leave. All medical reviews and clinical decisions were completed by one of the medical practitioners who were also responsible for prescribing and administering medication.

There was always medical advice available during opening hours. Out of hours clients were advised to seek care, treatment, or support from external agencies. In the event of a medical emergency clients were advised to attend the local A&E or dial 111. The website for the service also listed details of other helpful contact details.

The service ensured robust recruitment processes were followed. We reviewed the records for four staff who work at the service. All staff who were employed by the service or had a service level agreement in place to provide treatment, were required to have a Disclosure and Barring Service check completed every three years. Records showed that the service had undertaken necessary checks. The service manager ensured that when appointing new staff, two references were provided and that the person had suitable experience to meet the needs of the client group.

As recommended at the previous inspection in 2019, the service was checking with staff as to their vaccination status on employment. This was recorded for one staff member, and other staff members were checking back on their historical vaccination status for hepatitis B. this is because healthcare workers could be at risk from exposure to hepatitis B virus from infected clients and also could be at risk of transmitting blood borne viruses to clients.

Mandatory training

Staff had completed and kept up-to-date with their mandatory training. The mandatory training programme was comprehensive and met the needs of clients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff had received and were up to date with their mandatory training. There were 14 mandatory training courses. Mandatory training included, basic life support (repeated in person every 3 years), mental capacity act, equality, diversity and inclusion, fire safety, health and safety, infection control and prevention, lone working, confidentiality, prevention and management of violence and aggression, safeguarding adults and children, and complaints and conflicts.

Assessing and managing risk to clients and staff

Staff assessed and managed risks to clients and themselves well. They responded promptly to sudden deterioration in clients' physical and mental health. Staff made clients aware of harm minimisation and the risks of continued substance misuse. Safety planning was an integral part of recovery plans.

Assessment of client risk

Staff completed risk assessments for each client, using a recognised tool, and reviewed this regularly, including after any incident. However, there was not always a record of whether clients of childbearing age were asked about the possibility of pregnancy prior to prescribing medicines.

During the inspection, we reviewed the risk assessments of 10 clients at the clinic. Staff created and made use of client risk management plans with clear input from clients about how they preferred to be supported. Staff had completed risk assessments for each client. Risk assessments included areas of potential risk, such as overdose or relapse. Staff screened for common risks associated with substance misuse, such as blood borne virus status, injecting history and risks concerning family and children.

Staff had reviewed each risk assessment on a regular basis and updated clients' risk assessments following a new risk incident as appropriate. Clinicians undertook regular assessments of clients' physical health and referred them to their GP or other healthcare professionals if they identified signs and deterioration in their health.

Staff kept a log of patients who did not attend appointments, and had protocols in place to contact them by text, calls or emails, and follow up each day and then weekly.

Management of client risk

Staff responded promptly to any sudden deterioration in a client's health. Staff followed clear personal safety protocols, including for lone working.

Clients were made aware of the risks of continued substance misuse and harm minimisation safety planning was an integral part of recovery plans. When clients first attended the service, staff discussed with them the risks of the treatment they would be undertaking. They discussed the signs and symptoms to look out for as well as what action to take if they experienced any of the symptoms. Clients had written plans in place in the event of their unexpected exit from treatment, and said that this was routinely discussed with them.

The provider had a re-engagement form that was competed on admission and reviewed regularly. The re-engagement form guided staff on how to respond if a client disengaged with the service. Guidance included details of whom to contact in an emergency and a preference of contact method.

Staff completed the Alcohol Use Disorders Identification Test (AUDIT) with clients to assess the degree of their alcohol dependency. For clients who used opiate drugs, staff completed the Clinical Opiate Withdrawal Scale (COWS) for their assessment. Use of these tools to assess clients' withdrawal followed best practice guidance from the National Institute for Health and Care Excellence.

Good

Substance misuse services

The provider had an out of hours guide on their website which explained who to contact in an emergency. Staff were available for additional telephone support over the weekend. The service had conducted a risk assessment regarding emergencies and had a procedure for medical emergencies. This procedure outlined the use of cardiopulmonary resuscitation (CPR), a list of local emergency hospitals and the closest G.P surgery. It also specified that only medically qualified staff could administer emergency medication in life-threatening situations.

The service took action to minimise the risk of medication being diverted or sold to other people. Clients paid a fee for their appointment as well as their medication. The cost of treatment was higher than the 'street value' of the same. There was good liaison with the clients' GPs to minimise the risk of duplicate prescribing.

Staff did not work alone. All client appointments were either conducted at the clinic or another nearby hospital.

Safeguarding

Staff understood how to protect clients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role and kept up-to-date with their safeguarding training.

Staff worked effectively with other agencies to promote safety including systems and practices in information sharing. Staff liaised with clients' social workers as required. The service had a safeguarding lead, this meant that staff had a person they could go to for advice and guidance if they had a concern about a client's safety.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Staff told us that they would refer any safeguarding concerns to the local authority's safeguarding team where the person lived. Staff had not made any safeguarding referrals to the local authority safeguarding team in the last year prior to the inspection.

Staff access to essential information

Staff kept detailed records of clients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

Staff used an electronic client record system. Client notes were appropriately detailed and and all staff could access them easily. Records were stored securely with password protected access.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each client's mental and physical health.

Staff reviewed each client's medicines regularly and provided advice to clients (and if permission was granted to carers) about their medicines. Staff completed medicines records accurately and kept them up-to-date.

The provider safely stored and stocked emergency medicines and these were checked to ensure that they are in date. The service stored a controlled drug, on the premises for short periods of time. The controlled drugs were ordered on an individual client prescription and delivered to the service by the local pharmacy before a client arrived for their appointment. Controlled drugs were stored in an appropriate controlled drugs approved cabinet within a locked room as recommended at the previous inspection in 2019.

Staff were able to access policies, procedures and training related to medication and medicines management, including the prescribing of opioids. The prescribing policy contained information regarding informing the clients' GPs of any prescribing and we saw evidence of contact between the provider and the clients' GPs on the records we reviewed.

The provider delivered medicines and detox regimes based on best practice guidance and recommendations such as the National Institute for Health and Care Excellence (NICE) for first line of treatment for detoxification. Some clients' prescription were outside this national guidance, however these clients had been taken on by the service whilst already on prescriptions which were outside of national guidance. For example, several clients were prescribed high dose opiates. The services had made significant improvements in converting clients to best practice guidance treatment recommendations. The systems for managing clients prescribed Opioid Substitution Therapy (OST) followed best practice as clients were supplied with a naloxone injection and information on how to administer this in the event of an opiates overdose. Clients prescribed buprenorphine prolonged released injection were given a medical card to carry with them in case of emergency.

Prescriptions were managed appropriately. The provider had arrangements in place for the safe management and control of prescription forms in line with national guidance. Staff prescribed medicines to clients and requested supervised consumption at a local pharmacy if appropriate.

Staff reviewed the effects of medication on clients' physical health regularly and in line with NICE guidance, especially when the client was prescribed a high dose medication. Blood tests were arranged either through the clients' GP or through a private practice local to the service. ECGs were performed on clients who met the relevant criteria and in accordance with national guidance.

Staff carried out a monthly audit of medicines, and disposed of medicines at a local pharmacy, or recorded their destruction in a log. Staff knew the contact details for their local or regional NHS England lead controlled drugs accountable officer and reported to them any significant events or incidents relating to controlled drugs. Most recently they had reported a prescription of a controlled drug which had not arrived at a pharmacy. Staff learned from national safety alerts and incidents to improve practice.

Track record on safety

The service had a good track record on safety, but did not have a clear protocol for looking at possible learning following the deaths of patients using the service.

In the year prior to the current inspection, the service had reported 4 deaths of clients who were using the service. The registered manager noted that they had a significant number of older clients who had been using the service (and its predecessor service) over many years.

Reporting incidents and learning from when things go wrong

Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave clients honest information and suitable support.

Good

Substance misuse services

Staff knew what incidents to report and how to report them. During the year prior to the current inspection, two incidents had been reported relating to prescriptions going missing either in the post or at a pharmacy. All prescriptions were posted using tracked mail which had resulted in a significant reduction in these types of incidents. No client experienced a delay in receiving their medication. If the prescription related to a controlled drug the controlled drug local area network was informed.

Staff told us that managers used team meetings to share learning from incidents with staff. We also observed that where appropriate incidents were discussed at staff supervision meetings. Staff understood the duty of candour. They were open and transparent and gave people using the service and families (if appropriate) a full explanation if something went wrong. Duty of candour is a legal requirement, which means providers must be open and transparent with clients about their care and treatment. This includes a duty to be honest with clients when something goes wrong.

The service was still awaiting further information, such as coroner reports, following the deaths of some clients who had used the service. However, there was no clear protocol in place for the service to investigate or be involved in a joint investigation with other services accessed by these clients, to ascertain if there was any learning that could be taken forward.

Is the service effective?

Good

Our rating of effective stayed the same. We rated it as good.

Assessment of needs and planning of care

Staff completed detailed assessments with clients on accessing the service. They worked with clients to develop individual care plans and updated them as needed. Care plans reflected the assessed needs, were personalised, holistic and recovery-oriented.

We reviewed 10 care and treatment records during our inspection. Staff completed an initial telephone screening prior to clients being accepted for treatment by the service. This was followed by a comprehensive mental health assessment of clients' needs at their first appointment, and creation of a care and treatment plan. Although care plans were personalised and updated regularly, they did not specifically focus on clients' strengths, and personal goals. Staff told us that this was in line with clients' needs and preferences, with most clients being socially and professionally independent.

Care and treatment were discussed and agreed, and staff identified key needs with the client for example physical health, self-harm or suicide risk. With clients' permission staff contacted their GPs for summaries of their physical and mental health histories. Staff had a good understanding of the clients' histories and treatment plans and they were able to describe how they provided appropriate support to clients. Staff regularly reviewed and updated care plans at least six-monthly or when clients' needs changed. Clients' motivation to change was discussed during assessments and regular reviews.

Staff completed a reengagement format for clients, with a plan to follow in the event that they disengaged unexpectedly from treatment. Each client had an assigned care coordinator, the name of their care coordinator was recorded on the patient record system. Staff assessed clients' physical health needs at their initial appointment and documented the frequency of follow-up checks required. For the records we reviewed, all clients had received a routine medical review.

Clients who were higher risk or had physical health problems had more frequent reviews. This followed best practice guidance.

Best practice in treatment and care

Staff provided a range of care and treatment interventions suitable for the client group and consistent with national guidance on best practice. They ensured that clients had good access to physical healthcare and supported clients to live healthier lives. However, there was no clear statement of the limits of the service's threshold for complexity of client needs.

Staff provided appropriate care and treatment interventions suitable for clients' recovery. The interventions included opiate substitute prescribing and detoxification, non-opiate detox, alcohol detox, relapse prevention, attention deficit hyperactivity disorder (ADHD) assessments and treatment for up to 3 months, low key mental health treatment and access to inpatient treatment if needed. However, there was no clear threshold for staff to follow in terms of the complexity of clients accepted to the service. Staff told us that if they were in doubt they would discuss individual cases with the medical director.

All patients have a nominated care coordinator from the start of their engagement, risk assessment and care plan, and a medically assisted recovery plan. The staff team worked with clients to reduce health and other problems directly related to drug misuse. Interventions addressed reducing harmful or risky behaviours associated with the misuse of drugs, and optimising personal physical and mental wellbeing. Staff aimed to provide clients with at least four review appointments each year, with at least one of these being in person, others could be virtual, and one could be a paper review.

The service provided care and treatment based on national guidelines, for example, buprenorphine prolonged-release injection (Buvidal) was prescribed for opioid dependence. Staff signposted clients to additional psychosocial interventions local to them that could support them in their recovery. Staff followed appropriate guidance for substance misuse and Public Health England guidance when prescribing medicines. Staff prescribed medicines to clients and gave advice on medicines in line with current national guidance.

The service had a cohort of clients who had been treated at the service for many years, prior to the new provider taking over the service. Some of these clients were prescribed methadone ampoules. The provider had reviewed these clients care and treatment to ensure it was the most appropriate form of treatment for them and that their injecting practice was safe. They had significantly reduced the number of clients prescribed methadone in this way. The service recommended clients access testing for blood borne viruses through their GP. The service could arrange for blood tests to be undertaken at a local private clinic, however this would incur an additional charge. The service signposted clients to services that could support them as appropriate, for example signposting clients to a charity to support them to become free of the virus, after testing positive for Hepatitis C.

Staff requested a summary of the clients' medical history from their GP as well as requesting them to complete a health questionnaire. If they were unable to obtain this information, the medical director made an assessment and made the decision as to whether the service could provide treatment to the client. The clients' GP was kept informed of their treatment at the service including any changes to their medication. Staff discussed with clients the importance of living healthier lives if they wanted to. Staff assessed all clients for their weight and height, and whether they smoked or drank alcohol. Most clients were in full time employment and staff worked around this when they needed to by offering solutions with appointments and medications which met their individual needs. For example, a slow-release injectable medication was being used at the service which meant that clients prescribed this medication only needed to attend the service once each month. Clients told us that this helped them hugely if they needed to travel abroad.

Good

Substance misuse services

Staff completed appropriate physical health checks on clients (pulse, temperature, blood pressure, blood tests, ECGs). They liaised with the clients' GP surgery about physical health, to obtain up to date information, for example annual hypertension (high blood pressure) review dates. Staff completed regular urine drug screenings on clients.

Staff used technology to support clients including the use of online interventions for clients and resources available through the service website.

Staff told us that they participated in local audits. This included audits on medicines, prescriptions and medical devices, as well as care plans. Dashboards were available for the service so that managers could monitor compliance with key performance areas. These included prescription expiry dates, last updates to care plans and risk assessments, medical assessments, GP letters, drug screens, and client flow.

Managers used results from audits to make improvements. A quality improvement plan was in place for the service which had identified the need for a new patient survey to be undertaken.

Skilled staff to deliver care

The teams included or had access to the full range of specialists required to meet the needs of clients under their care. Managers made sure that staff had the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff, although this was not recorded.

Staff were experienced and had the appropriate qualifications to undertake their roles. The medical director was supported by a nurse non-medical prescriber with extensive experience in treating people with drug and alcohol misuse.

The clinical team were supported by care coordinators whose main role was to record information on client records and maintain regular contact with each of the clients on their caseload. Each of the care coordinators had relevant qualifications and experience. For example, care coordinators had qualifications in psychology or substance misuse. Medical secretaries supported both the medical team and care coordinators. Staff told us that their caseloads were manageable, and that they felt well supported by management at the service.

The service ensured staff were competent to carry out their role supporting clients and completed specialist training for their roles. Additional training provided to staff included Naloxone administration, depression and anxiety, alcohol community management, drug and alcohol misuse, suicide prevention, ADHD training, supervision and appraisal. However, due to a number of staff being relatively newly recruited to the service, several staff were still due to complete the role specific specialist training.

Members of the team were also able to attend relevant conferences. The business development manager advised that she had attended a conference on substance misuse in Germany in the previous year.

The service provided new staff with a local induction including orientation to the service and reading various policies and procedures, as well as shadowing more experienced staff. However, induction training provided was not recorded. Staff confirmed that they had received a comprehensive induction and managers provided them with regular supervision sessions at least every 3 months, and annual appraisals. The medical director received an external appraisal. There were also regular case discussions, and daily morning briefing meetings for the staff team.

Good

Substance misuse services

Staff received training in meeting the needs of clients from diverse communities. This was covered as part of the equality and diversity training. There were processes in place for managers to deal with poor performance promptly and effectively.

Managers made sure staff attended weekly team meetings and gave information to those who could not attend.

Multidisciplinary and interagency team work

Staff from different disciplines worked together as a team to benefit clients. They supported each other to make sure clients had no gaps in their care. The team had effective working relationships with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss clients and improve their care. These included daily briefing meetings, case discussions, team meetings, and supervision sessions. They ensured that there was multidisciplinary input into clients' assessments. For example, with input from medical staff and care coordinators as well as the clients' GP. If appropriate input from a clients' social worker, midwife, voluntary organisations, or other healthcare professionals was also sought. Staff recorded contact they had with the client and all relevant healthcare professionals in the clients' records.

The service had daily briefings and weekly team meetings, however recent meetings had not been recorded. Following the inspection, the service manager, recommenced recording the minutes of the weekly meetings, and also kept records of the daily briefings. Staff told us that they shared pertinent information at these meetings including incidents, safeguarding new referrals and complex cases. Care coordinators could approach medical staff to discuss clients at any time. Staff also attended a prescribing forum, and they were in the process of joining a newly formed forum for addiction professionals.

The service discharged people when specialist treatment was no longer necessary. The service worked closely with the clients' GP as well as other NHS and independent health substance misuse services to ensure relevant information was transferred.

Good practice in applying the Mental Capacity Act

Staff supported clients to make decisions on their care for themselves. They understood the service's policy on the Mental Capacity Act 2015 and knew what to do if a client's capacity to make decisions about their care might be impaired.

As recommended at the previous inspection in 2019, the service had put in place a policy on the Mental Capacity Act, last reviewed in February 2021. Staff were able to refer to training material, and had completed training on the Mental Capacity Act, which included training on capacity and consent.

Staff understood the principles of the Mental Capacity Act and were aware of how substance misuse can affect capacity. Staff gave clients all possible support to make specific decisions for themselves before deciding a client did not have the capacity to do so. Staff worked under the principle that capacity is always assumed and where they queried a client's capacity this was discussed amongst the team. Staff told us that they would record this discussion in clients' notes, although there was no specific location for recording this within care and treatment records.

Is the service caring?

Good

Substance misuse services

Good

Our rating of caring stayed the same. We rated it as good.

Kindness, privacy, dignity, respect, compassion and support

Staff treated clients with compassion and kindness. They understood the individual needs of clients and supported clients to understand and manage their care and treatment.

The clients we spoke with all told us that they were treated with kindness, compassion and respect, and were highly satisfied with the support provided to them. They said that staff always prioritised their individual needs. They described staff as very helpful, supportive, flexible, friendly, professional, warm and accommodating, and said that staff had up to date knowledge, had good insight into their experience, made them feel in focus, and went over and above what they had expected. They described the service as life changing and unique.

Staff supported patients to understand and manage their care, treatment or condition. Staff demonstrated good knowledge and understanding of people's needs, we spoke with staff about a sample of clients during our review of records, staff were able to clearly describe the risks for individual patients as well as the treatment they were receiving from the service.

Staff directed patients to other services when appropriate. There was information available in the waiting room and staff spoke generally with clients about the types of service they could access.

Staff said they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes to patients without fear of the consequences.

Staff followed policy to keep client information confidential.

Involvement in care

Staff involved clients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that clients had easy access to additional support.

Involvement of clients

Staff made sure clients understood their care and treatment, communicating effectively with them, and answering any questions they had. Clients could also receive information leaflets from the service, and information was available on the provider's website.

Each client who used the service had a recovery plan and risk management plan in place that included their preferences for support. Staff engaged with clients, to develop responses that met their needs and ensured they had the information needed to make informed decisions about their care. One client spoke highly of the support they received from the service to cope with anxiety.

Clients reported that they felt supported, informed and involved with their treatment decisions and care planning. Clients we spoke with all reported they had discussed their plan of care with the team and were happy with it. They said

that staff encouraged them and supported them to reduce their prescriptions of opioids. They said staff provided good information about side effects to expect with different medicines and treatment, and took serious notice of side effects that were impacting negatively on their lives looking at alternative medicines where possible. Most clients did not want a copy of their care plan as not all clients shared details of their addiction with their family members.

There was a suggestion box in the reception area as another way for clients or carers and family to provide feedback on the service they had received, but this was rarely used. The service was planning to undertake a feedback survey for clients who attended the service with the findings from the survey feeding into their quality improvement plan.

Clients described effective handovers of information when they transferred to the care of alternative services. They also described good support with legal matters, and the practicalities of moving address without a break in prescriptions.

Involvement of families and carers

Staff informed and involved family members in the care and treatment of clients when appropriate. Clients were encouraged to invite family members or a friend to attend their appointments with them and discuss their progress. They recorded details of clients' next of kin, and clients' wishes in terms of sharing information. However, many clients opted not to involve their family or friends and preferred their treatment to remain confidential.

Is the service responsive?

Good

Our rating of responsive stayed the same. We rated it as good.

Access and waiting times

The service was easy to access. Staff planned and managed discharge well. The service had alternative care pathways and referral systems for people whose needs it could not meet.

The service had clear criteria to describe which clients they would offer services to but did not specify which clients were beyond the scope of the service. The service had alternative care pathways and referral systems in place for clients whose needs could not be met by the service. At the time of inspection, there were 222 clients registered with the service. Most clients self-referred, and all clients were subject to a full telephone screening before attending for their first appointment. The service only accepted clients whose needs they assessed they could safely meet. They aimed to provide clients with at least four review appointments each year, with at least one of these being in person, others could be virtual, and one could be a paper review.

Clients described a very flexible service, with choices to meet their need in terms of appointment times available. Staff worked hard to avoid cancelling appointments and when they had to, they gave clients clear explanations and offered new appointments as soon as possible. Appointments ran on time and staff informed clients when they did not. The service was open for face-to-face appointments, on weekdays between 09:30am to 5pm. Some virtual appointments were provided out of hours to meet clients' needs. In an emergency, clients were instructed to contact emergency services, with contact details provided on the service website.

Good

Substance misuse services

Clients who were not assessed as suitable were referred to other services, including inpatient detoxification services as well as their local NHS mental health services. The service would also make referrals to other services for alternative treatment options if a client was not able to comply with the treatment provided for example if they repeatedly failed to attend appointments or started using substances again whilst under treatment.

The service had an agreed response time for accepting referrals, clients were usually assessed for treatment and given an appointment within one working day and treatment could commence as soon as necessary medical checks had been performed. The service only accepted patients who were over 18 years of age, stable and able to engage in treatment.

Staff could see urgent referrals quickly. People with more complex needs, or with increased risks were referred onto other drug and alcohol services. Recovery and risk management plans reflected the varied needs of the clients. This included referrals to other supporting services such as social services. They also informed clients about support available from other services, for example clients who may have experienced domestic violence.

There was a clear pathway for new clients taken on by the service, with the goal of achieving an appropriate transfer to another service or safe discharge on successful completion of treatment. Staff tried to contact people who did not attend appointments and offer support. The service had processes in place for when clients arrived late or failed to attend their appointments. These were clear and reasonable and did not place the client at risk.

Discharge and transfer of care

Staff planned for clients' discharge including liaison with the clients' GP. The staff team were small and met each day. Clients' treatment and discharge were discussed at these meetings as well as at weekly team meetings. When a client was discharged the service sent a letter to their GP confirming the outcome and whether any follow up was required.

The facilities promote comfort, dignity and privacy

The design, layout, and furnishings of treatment rooms supported clients' treatment, privacy and dignity.

The service had enough rooms for clients to meet with a clinician or their care coordinator on the premises. The rooms were adequately sound proofed to maintain privacy. The reception area welcomed clients and had comfortable furnishings whilst clients and visitors waited for appointments. Clients had access to a water cooler in the main reception area.

The service was over three floors of a building with step access only. The service operated from a listed building which had not been fitted with a lift and there was no consultation room on the ground floor. Where necessary, home visits could be arranged. The service had an arrangement with a local hospital provider, where patients could be admitted if needed.

The service's waiting room had recently been refurbished. There were leaflets available for clients and visitors about the service and sodium valproate prescribing, as well as magazines. There was a feedback box available, and a notice board with information on how to make complaints, or record compliments. The CQC rating was displayed in the waiting room.

Good

Substance misuse services

Meeting the needs of all people who use the service

The service met the needs of all clients, including those with a protected characteristic or with communication support needs.

Staff demonstrated an understanding of the potential issues facing vulnerable groups, for example, lesbian, gay, bisexual and transgender plus, black and minority ethnicity, and older people. Staff demonstrated good knowledge of supporting and understanding older people as well as those who may be victims of domestic violence. If clients failed to attend an appointment staff made every effort to contact them either by telephone, email or by contacting their next of kin and in some cases the client's GP. The service did not have a waiting list and clients could generally be seen the next working day if necessary. Interpreter services could be arranged if necessary. Staff spoke four foreign languages between them and most clients who accessed the service spoke English as their first language.

The building was not suitable for clients who had a physical disability, but alternative arrangements such as home visits could be arranged. Female chaperones were available for appointments if requested.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

Clients, relatives and carers knew how to complain or raise concerns. Staff understood the policy on complaints and knew how to handle them. Clients knew how to complaint or raise concerns if they needed to. The clients we spoke with told us that they had not had a reason to complain but would know how to make a complaint if necessary. There was information displayed in the waiting room, about how to make a complaint about the service.

Staff knew how to acknowledge complaints and clients received feedback from managers after the investigation into their complaint. Managers investigated complaints and identified themes. Staff knew how to handle complaints appropriately. Staff dealt with informal complaints immediately if a client or their representative approached them. If necessary, staff escalated the complaint to the service manager. If clients complained or raised concerns, there was a policy in place to follow. The policy outlined the process for making a complaint and how it would be handled. Staff protected clients who raised concerns or complaints from discrimination and harassment. Clients received feedback from managers after the investigation into their complaint. Clients were informed that they could contact the CQC as well as the local government ombudsman if they remained unsatisfied with the response from the service.

The only complaints received within the last year related to an external counselling service that staff had provided information about to clients. Managers shared feedback from complaints with staff and learning was used to improve the service.

The service used compliments to learn, celebrate success and improve the quality of care.

Is the service well-led?

Good

Our rating of well-led stayed the same. We rated it as good.

Good

Substance misuse services

Leadership

Leaders had the skills, knowledge and experience to perform their roles, had a good understanding of the services they managed, and were visible in the service and approachable for clients and staff.

Leaders could clearly explain their roles and demonstrated a sound understanding of the services they managed. Staff spoke positively about clients' recovery and how they supported them to achieve their goals. The organisation had a clear definition of recovery and this was shared and understood by all staff. The medical director and service manager told us that the service focussed on patient safety and evidence-based interventions.

Staff told us that leaders were visible in the service and approachable for patients and staff. The director and service managers frequently worked on site and were in close contact with staff throughout the day. The medical director provided managerial supervision to the service manager on a regular basis.

Staff told us that they were not afraid to challenge leadership if needed. They felt strongly supported by managers for example if they received an abusive call. Staff said the service was prompt at responding to calls, and there was a dynamic team in place.

Vision and strategy

Staff knew and understood the service's vision and values and how they applied to the work of their team.

The service had a clear vision and strategy that all staff understood and put into practice. The vision for the service was to provide a high-quality service focused on patient safety and evidence-based interventions. Staff emphasised the importance of supporting people to reduce their alcohol and/or drug intake and to increase their wellbeing. Staff told us that they had opportunities to contribute to discussions about the strategy of the service at team meetings as well as during their supervision.

Staff noted that there had been a change in the dynamics of the service since the previous inspection, with a larger number of patients using the service, but remaining with the service for a shorter time.

Culture

Staff felt respected, supported and valued. They reported that the service promoted equality and diversity in its day-to-day work and in providing opportunities for career progression. They felt able to raise concerns without fear of retribution.

Staff reported low levels of stress and felt positive about the work they did. Staff felt able to raise concerns with management if they needed to, although the staff we spoke with did not have concerns to share. Managers were aware of how to deal with poor performance when needed, although we were informed there had been no reported issues of poor staff performance. There was little sickness reported amongst staff during the previous 12 months. Staff told us that they worked well together as a team and came together each day to discuss clients informally as well as at the weekly team meetings. Staff reported that the provider promoted equality and diversity in its day-to-day work and in providing opportunities for development, for example through attending training, and flexible working.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at ward level and that performance and risk were managed well.

Appropriate systems were in place to evaluate the safety and effectiveness of the service. Governance policies, procedures and protocols had been reviewed within the last 3 years. The provider had a clear framework of what had to be discussed at team meetings to ensure essential information was shared amongst the staff. The service held weekly team meetings where pertinent information was discussed. This included individual clients, incidents, safeguarding, complaints, audits, risk as well as clinical governance updates including briefings on changes to protocols. However, the minutes of recent team meetings could not be located at the time of the inspection. Following the inspection the service manager commenced recording the minutes of team meetings and daily briefings.

Two medical secretaries were introduced into the team 1 year prior to the current inspection, enabling care coordinators to spend more time on clinical work such as care planning rather than administrative tasks. The role of the medical secretaries included meeting and greeting clients, booking appointments, taking incoming calls, checking incoming emails, sending out GP letters, and ensuring that consent forms were up to date.

The previous service manager had left employment with the service, and this role was now covered by the nurse non-medical prescriber, with support from the business development manager. There was a plan to introduce a clinical support manager to the team.

Staff had implemented recommendations from incident reviews at service level. This included improving procedures for how prescriptions were made available to clients. However, there was no protocol for reviewing any learning from the deaths of clients who had been using the service.

Staff completed audits to provide assurance on the performance of the service. The medical director had introduced a series of performance dashboards to monitor the quality of client service provided.

There was a current improvement and development plan in place for the service, including plans to improve the service website, consideration of relocating the service, and possible work abroad. The most recent client survey took place in 2018-19, and the service had plans to conduct another survey this year. The comments box in the waiting room was rarely used. However, the service had received 5 anonymous compliments this year, and clients' feedback contributed to the medical director's appraisal.

Data and notifications were submitted to external bodies as required, for example to social services, and the Care Quality Commission in accordance with regulations. The service had a whistle blowing policy in place. The policy advised who staff should contact, both internally and externally, if they had concerns about poor practice.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

The manager maintained a risk register for the service, most recently reviewed in January 2023. A range of risks had been identified for example the management of medicines. Staff told us that they could suggest risks for inclusion on the register. Staff concerns matched those on the register.

Risks identified and recorded on the register were assessed according to their likelihood and impact. These included medicines not being kept securely, prescribing errors, double prescribing, failure to identify safeguarding concerns, and a medical emergency on the premises.

The service had plans in place in case of an emergency, such as adverse weather conditions or an IT fault. There were arrangements in place to back up the client record system and see clients at another location in the event of a fire or a flood.

During the pandemic, a Covid risk assessment was undertaken for the workplace, with clear protocols in place. Sickness and absence rates were monitored.

Information management

Staff collected analysed data about outcomes and performance.

The service used systems to collect data about performance. This was not over-burdensome for staff. The service collected data such as the number of clients being seen by the service, their referral source, the number of clients discharged or transferred, the type of treatment programme clients used, completion of care plans and reviews.

Staff had access to the equipment and information technology needed to do their work. The telephone systems worked well and clients did not report problems contacting staff when they needed to. The service used an electronic client record system to record client information.

The service manager and business development manager had access to information to support them in their management roles. This included recruitment records, supervision records as well as training data, sickness records and annual leave requests.

The service had implemented joint working and information-sharing processes with the clients' GPs. Staff said they had a good partnership working arrangement with the GPs.

Engagement

Staff and clients had access to information about the provider. Members of the public, staff and clients could access the organisation's website for information about services provided. However, the service had plans to update the website with further information about services.

Clients could give feedback on the service via client satisfaction surveys, the website, as well as a comment box which was placed in the waiting room. Clients had the opportunity to discuss any feedback with the medical director and/or service manager if they wished to.

Staff feedback was more informal, through meetings or supervision. The provider did not conduct a staff survey due to the low staff numbers providing limited anonymity to staff.

Learning, continuous improvement and innovation

The organisation encouraged creativity and innovation to ensure up to date evidence based practice was implemented and imbedded. The medical director had successfully trialled a new treatment at the service in recent years, which had now become more widely used. This treatment was a slow-release agonist for opiate dependent clients. Using this medication meant that clients only need to visit the service once each month for a repeat injection and could be particularly beneficial in reducing the risk of loss or diversion of oral medication, and for clients whose lifestyle may impact on attending a pharmacy.